

# COUNTY OF TRAVERSE

TO \_\_\_\_\_ DR.

(EMPLOYEE NAME)

**All bills must be presented to County Auditor at least three (3) days  
before County Board meeting.**

DATE		REIMBURSEMENT			AMOUNT
TOTAL					

I declare under the penalties of perjury that I am \_\_\_\_\_  
(Insert Name and title)

making the within claim; that I have examined said claim and that the same is just and true; that the money herein charged was actually paid for the purposes therein stated; that the property therein charged actually delivered or used for the purposes therein stated, and was of the value therein charged; that the services therein charged were actually rendered and were of the value therein charged; that the fees therein charged are official and are such as are allowed by law; and that no part of said claim has been paid.

\_\_\_\_\_  
(Sign and date)